

reduce health care costs to the chronically ill and the handicapped; the solution is to stream such patients through the triage exit. The contributors to Bastian's collection, by contrast, are anxious that 'under the cloak of progressive "social technique"' ethics may have 'crossed into the territory of inhumanity'. This dreaded outcome is the core of the contributors' moral concern.

Singer and his German colleagues say this response is emotional and greatly exaggerated. It stems, they say, from persons who still seek a reconciliation with the Nazi past, and who in consequence carry a burden of guilt. This may well be. All authors write in the shadow of this past, and two essays (Dörner and Rost) argue for its direct contemporary relevance. The argument is that the Third Reich did not originate the rationale for euthanasia, but took it over whole from the advanced thinking of the Weimar republic. To the contemporary confidence in responsible euthanasia, they say that the economic and social imperatives driving toward this solution of social problems assures that it will be abused.

What then is the remedy? At all costs to abstain from triage in medical service seems to be the alternative proposed. However, if the contributors' sketch of the economic and social imperatives driving euthanasia are accurate, abstinence is not practicable, however one may assess the social risks or view the ethics of euthanasia. In that case, euthanasia would join the growing queue of essentially contested issues intractable to the usual legal and institutional techniques of conflict resolution. Perhaps a solution may be found through future study of untried options available for assorting peacefully the sharp value conflicts of pluralist societies.

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Who Lives? Who Dies? Ethical Criteria in Patient Selection

John F Kilner, 358 pages, New Haven and London, 1990, Yale University Press, £27.50.

The author is Professor of Social and

Medical Ethics at the University of Kentucky. He takes it as 'given' that it is not possible to make the benefit of dialysis and organ transplant available to all. He has identified 16 criteria from the literature which might help medical directors decide which patients to choose for treatment. He obtained over 400 replies to a questionnaire sent to directors of dialysis and transplant services in the USA (just over 40 per cent of the directors listed), asking which criteria they thought important and which they would be prepared to consider. In order to attempt some cross-cultural comparison he also interviewed 132 healers in Kenya, obtained stories from them and answers to 24 questions.

The criteria which are discussed in successive chapters are grouped under the headings: 1) Social value, (favoured group, social value, resources required, special responsibility); 2) Socio-medical criteria, (age, psychological ability, supportive environment); 3) Medical criteria, (medical benefit, length of benefit, quality of benefit); and 4) Personal criteria, (willingness, ability to pay, random selection).

Each chapter has the same format, dealing with justification, weakness of the criterion, possible common ground, and ending with an illustrative case. Finally the author examines whether it makes any difference if the proposed treatment is at an experimental stage. In the last chapter the findings are summarised, showing which criteria are most readily acceptable and which are least supported. Arguments for and against the selection criteria are characterised as either productivity or person orientated. How the weights of the arguments are to be compared is left unanswered but a drift towards utilitarian thinking in medicine is recognised. Only at the very end does the author address fundamental ethical issues such as responsibility, humanness and value of life.

Though the book makes interesting reading it has left this reviewer dissatisfied in a number of respects. First, though there is merit in consistency of presentation the result is that the book is repetitive and unnecessarily lengthy. Second, there are 56 pages of 'notes' which is in keeping with philosophical works. However, very few of these notes amount to anything other than a list of the names to be found later in 57 pages of references. Only the notes relating to the last chapter advance the argument in any way. Third, it is disappointing that only the decisions of medical

directors are considered. The views of others concerned are barely touched on. Patients themselves, relatives or members of the society who should decide about resources are hardly considered. Lastly, though the author applies a philosophical approach to the analysis of data there is little to suggest that either respondents or the patients about whom decisions were to be made had in any way become conscious of the underlying ethical issues.

As is recommended by the publishers, this book should be available to health care practitioners and to policy-makers. It would encourage them to make reasons for their decisions explicit. The introduction, the first two chapters and the last 25 pages will perhaps be all that is required for most readers, though some may wish to dip into selected chapters to consult the full range of the rationale for the final recommendations.

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A Protestant Legacy

Rory Williams, 371 pages, Oxford, 1990, Clarendon Press, £40.00 hc.

A Protestant Legacy – so called by Rory Williams as a gesture towards the tangle of religious and economic issues which colour Aberdonians' attitudes to illness and death. A capitalist ethic of the value of work to the individual, linked with the Calvinist belief of misfortune as the consequence of sin, have produced in the elderly a strong belief in health as something individuals can by their own efforts achieve and that illness is something to fight against.

This book investigates the themes and dilemmas which arise when elderly Aberdonians express their attitudes to health, illness, age, dying, bereavement and their doctors. It correlates, debates and resolves those views and explains them with references to their formative influences, namely work, wealth, religion and moral or peer persuasion.

The book is predominantly supported by evidence collected by personal interview by the author of 70 Aberdonians selected from two parts of the city – one the prosperous West End and the other a council estate. Additional authenticity is obtained by reference to a random sample survey of 119 elderly Aberdonians conducted at

the same time.

As the author says, old age only emerged as an issue for central government in the late 19th century and it was viewed then in straightforward negative terms as a social problem. Now, with demographic changes, the elderly form a much larger and increasingly vociferous group.

British textbooks on the views of the elderly are thin on the ground and one based on Aberdeen is unique. As such it forms a valuable contribution to the field and will be of much interest to social gerontologists and also perhaps to those in the political field and among the caring professions who seek to understand the elderly's perspective. It should make a useful and unique addition to many libraries.

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Medical Choices: Medical Chances

Harold Bursztajn, Richard I
Feinbloom, Robert M Hamm, Archie
Brodsky, 454 pages, New York and
London, 1990, Routledge, £12.99.

This book modestly aims to change the way those involved in clinical situations look at the world and it is difficult to do its breadth of vision justice in a short review. Its central thesis is that too many medical decisions are made under the influence of mechanistic determinism which teaches us to look for the cause or set of causes for every effect. Given enough time we can track down the formula, and from then on it will always be true that merely by changing cause x we can prevent effect y . The paradigm promises a comforting certainty and predictability and therefore has tremendous psychological appeal for patients and clinicians alike.

The authors seek to persuade us that, even though we will have on occasions, to fall back on determinism, medicine should look to the more fruitful probabilistic paradigm and the ideas of Heisenberg and chaos theorists. Life is uncertain. We cannot ignore that uncertainty if we are to make decisions which are both realistic and ethical. Medical decisions can be seen as a form of co-operative and morally-responsible gambling. By facing up to uncertainty there is a better chance of achieving a good outcome on more occasions.

To overcome the reader's likely

resistance to these unsettling propositions the authors employ an extremely effective literary device. In chapter 1 we meet Dr S as he considers how to treat a severely malnourished child whose underlying illness defies risk-free diagnosis. Dr S decides to concentrate on the nourishment problem. The child begins to make progress. One day, when Dr S is off duty, well-meaning mechanist colleagues switch on the hospital diagnostic machine, which is programmed to identify objectively knowable biological facts. Eventually the child dies, perhaps quite literally tested to death in the effort to spare no effort to save him.

We then share the experience of Dr S as he tries to make sense of this tragic incident and to find his way through a maze of well-described medical scenarios under the growing influence of the probabilistic paradigm. The moral and intellectual issues are complex but the device of Dr S makes the pace manageable. The reader is encouraged to think for himself but is not expected to undergo a Damascene conversion. The disciplinary breadth of the team behind this book is enriching and makes it extremely accessible for those with no medical knowledge or clinical experience. On the minus side, Dr S might grate a little by the end of his 'confession of a mechanist doctor'. There is just the faintest whiff of the smugness of the confessional.

There are, of course, more serious criticisms that might be made of this book. Endemic uncertainty and medical accountability do not make very comfortable bedfellows and the tension between them is not satisfactorily addressed. Nor is the tension fully explored between the highly recommended involvement of family and friends of the patient and autonomy and confidentiality. It is difficult to reconcile a belief in moral absolutes or religion with such a scheme of thinking.

This book does not explore concepts of autonomy or euthanasia as such, but is rather directed at the underlying philosophical concepts of knowledge and wisdom and their effect on our ability to make valid moral judgements. It is a fascinating and challenging attempt to wean us off scientific objectivism and to convince us that in an uncertain world it is a morally dubious practice to behave as if certainty is guaranteed.

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Why Should We Care?

Edited by Donald Evans, vii + 152
pages, London, 1990, Macmillan,
£10.95 pb.

We have been taught that the unexamined life is not worth living but there is a real question as to whether, for most of us, the fully-examined life is liveable. Socrates criticised the Sophists for inducing an unreflective conventionalism among the Athenians but the dialogues often show how the effect of his persistent questioning was simply to disable his discussants. A recognition of one's existing ignorance may be a necessary condition for advancement to wisdom but it is clearly not sufficient for it; and in matters moral it is a debated question whether there is anything to be wise about.

Such thoughts are apt to arise in anyone who has been involved in getting non-philosophers to think about the ethical presuppositions of conduct. There is no end of occasions for wondering how best to act, and it is to be expected that reflective minds will turn in a philosophical direction in search of, if not answers, then at least methods of enquiry, analysis and resolution. Philosophers also have an interest in promoting ethical enquiries. Such interest may be professional or 'professional', but either way there is a responsibility not to create expectations that cannot be satisfied.

Why should doctors, nurses and therapists care about their patients? The answer is obvious: because it is of the nature of these professions to do so. Where primary human values are engaged, practitioners have a commitment to promote or defend them. For such people, caring is not an optional extra but a professional duty. The same analytical point is made in different ways throughout this collection, as is the barely less obvious point that moral issues, for whose resolution medical competence is not as such a qualification, are ever present. Sometimes, though, the point is overstated: it is not entailed by the very nature of choice that whenever there is more than one alternative that can be followed, the decision will be a moral one. At least, that is not implied by common-sense morality which allows for 'moral-free zones' and decisions. Utilitarianism, of course, does suggest the inescapability of the moral, but as many of the contributors point out, such a theory faces considerable